

Name  
in  
Full

John Banks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City</i>		Town <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>19</i>	Age <i>51</i>	Years	Months	Days <i>14</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chesapeake City</i>				
Occupation <i>Cashier of Nat Bank</i>			Where Residing if not at place of death <i>X</i>				
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or <del>Husband</del> <i>Elizabeth H Banks</i>					
Father's Name <i>Joseph Banks</i>		Father's Birthplace <i>Liverpool England</i>					
Mother's Maiden Name <i>Margaret Banks</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Elizabeth H Banks</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Swallowing a fish bone 1 3/8 inch long</i>	How long <i>several days</i>
Immediate <i>Internal Hemorrhage <sup>function of</sup> gastric artery</i>	How long <i>40 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Karsner M.D.</i>
	Address <i>Chesapeake City, Md.</i>
Accident or Suicide?	



Name  
in  
Full

6th Dist

## CERTIFICATE OF DEATH

Arba Collins Boyd

Died at Rowlandville

Town

Cecil

County

MARYLAND

Date of death 1906 April

Month

Day 12

Day

Age 12

Years

Months 0

Months

Days 25

Days

Sex male

Occupation

Color or Race

Caucasian

Birth-place

Lonbia, Iowa

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Rev. A. C. Boyd

Father's Birthplace

Port Deposit, Md.

Mother's Maiden Name

Mattie C. Rush

Mother's Birthplace

Manchester, N. Y.

Name of person giving information

Rev. A. C. Boyd

How related to deceased

Father

## CAUSES OF DEATH

Primary

Laryngeal Diphtheria

How long

4 days

Immediate

Cardiac Paralysis (Bradycardia).

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

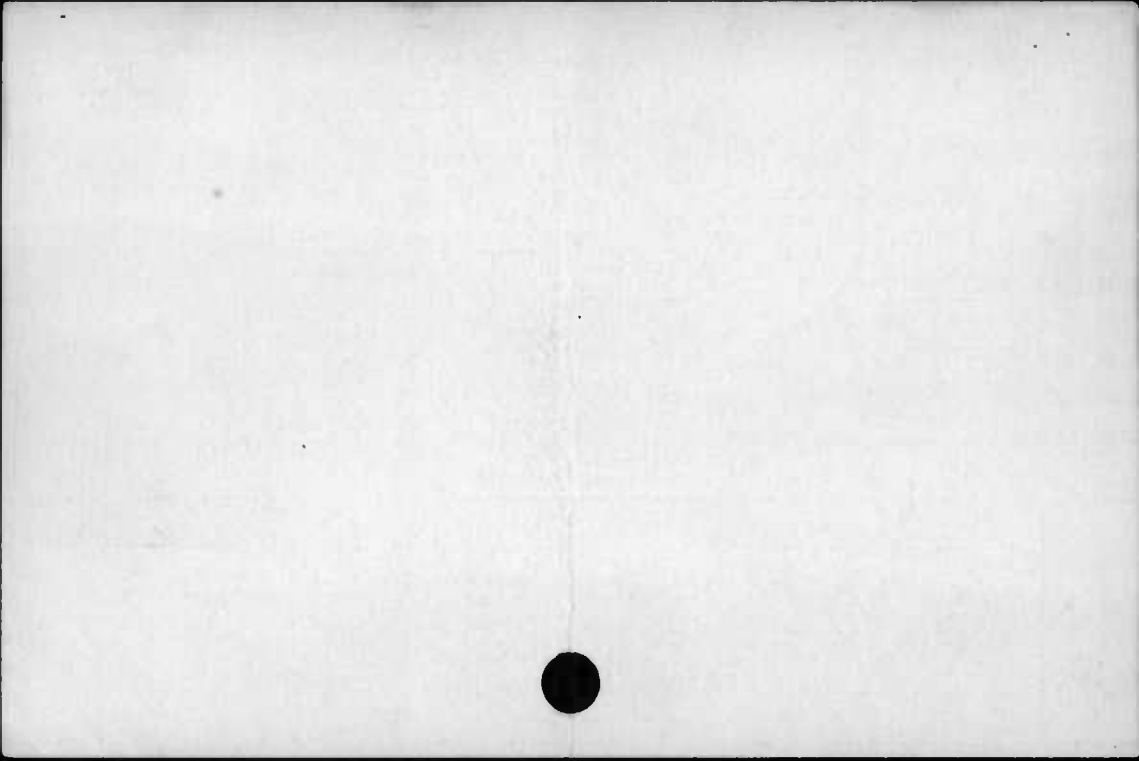
Signature of Physician

Address

Ernest Rowland  
Liberty Grove Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lillian M. Cole

## CERTIFICATE OF DEATH

MARYLAND

Died at *Chesapeake City* Town*Oriel* CountyDate of death *1906 April* Month*Sixth* DayAge *Two* Years*One* Months

Days

Sex *Female*

Color or Race

*White*Birth-place *Chesapeake City Md.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*John Cole*

Father's Birthplace

*Maryland*

Mother's Maiden Name

*Lytha Curtis*

Mother's Birthplace

*New York Maryland*

Name of person giving information

*John C. Lupp*

How related to deceased

## CAUSES OF DEATH

Primary

*Rubrola*

How long

*Three days*

Immediate

*Convulsions from Pneumonia*

How long

*8 hours*

Are the name, age, sex, color, date and place correctly given above?

*Yes.*

Signature of Physician

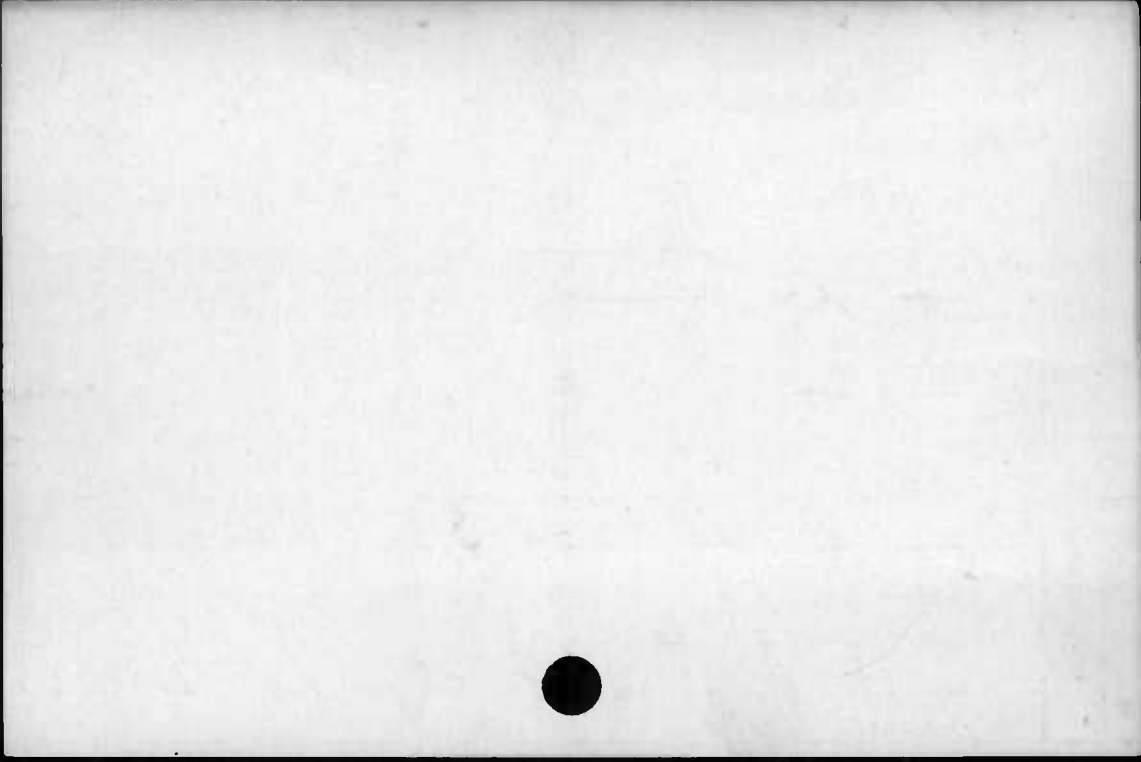
*Clifton C. Laws M.D.*

Address

*Chesapeake City Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

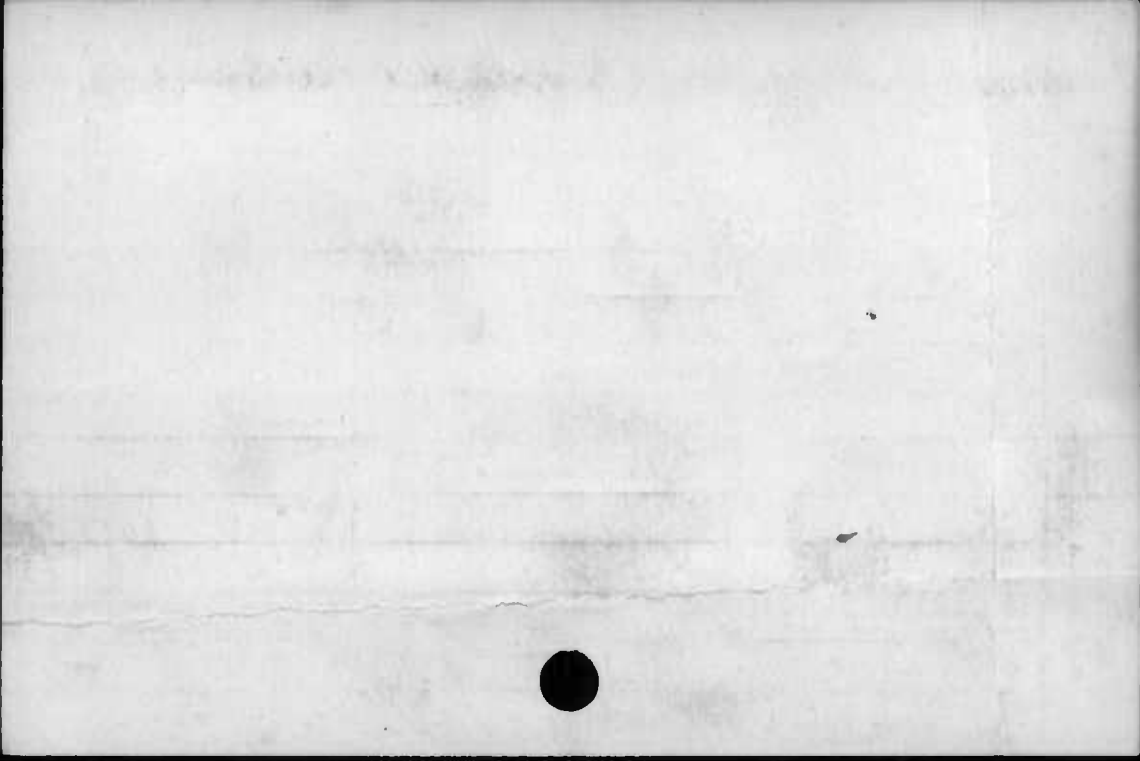
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Calvert</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death <u>1906</u>		Month <u>Apr.</u>	Day <u>30</u>	Years <u>12</u>	Months <u>9</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Old Mills Md.</u>	
Occupation <u></u>			Where Residing if not at place of death <u>At Calvert</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Daniel C. Carter</u>		Father's Birthplace <u>Calvert Md.</u>			
Mother's Maiden Name <u>Mary C. Harrigan</u>		Mother's Birthplace <u>Calvert Md.</u>			
Name of person giving information <u>Daniel C. Carter</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>La Grippe</u>	How long <u>10</u>
Immediate <u>Heart Failure</u>	How long <u>ix days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Richardson M.D.</u>
	Address <u>Calvert - Md.</u>
Accident or Suicide? <u></u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Apr</i>	Day <i>20</i>	Age <i>X</i>	Years <i>X</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Chesapeake City Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Benjamin Carpenter</i>			Father's Birthplace		
Mother's Maiden Name <i>Edith Bloomer.</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hemorrhage.</i>	How long <i>(85)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr J. J. Conrey.</i>
	Address <i>Chesapeake City Md.</i>
Accident or Suicide?	

166  
2

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *North East* Town  *Cecil* CountyDate of death *1900* Month *April* Day *23* Age *1* Years *1* Months *7* DaysSex *Female* Color or Race *Colored* Birth-place *North East*Occupation *Rail Road* Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

*Annie Gant, John Gant*

Father's Name

*John M Gant*

Father's Birthplace

*Nelson, Co Virginia*

Mother's Maiden Name

*Annie M Gant*

Mother's Birthplace

*Charles county*

Name of person giving information

*Annie M Gant*

How related to deceased

*Mother*

## CAUSES OF DEATH

Primary

*Cupillary Bronchitis*

How long

*3 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

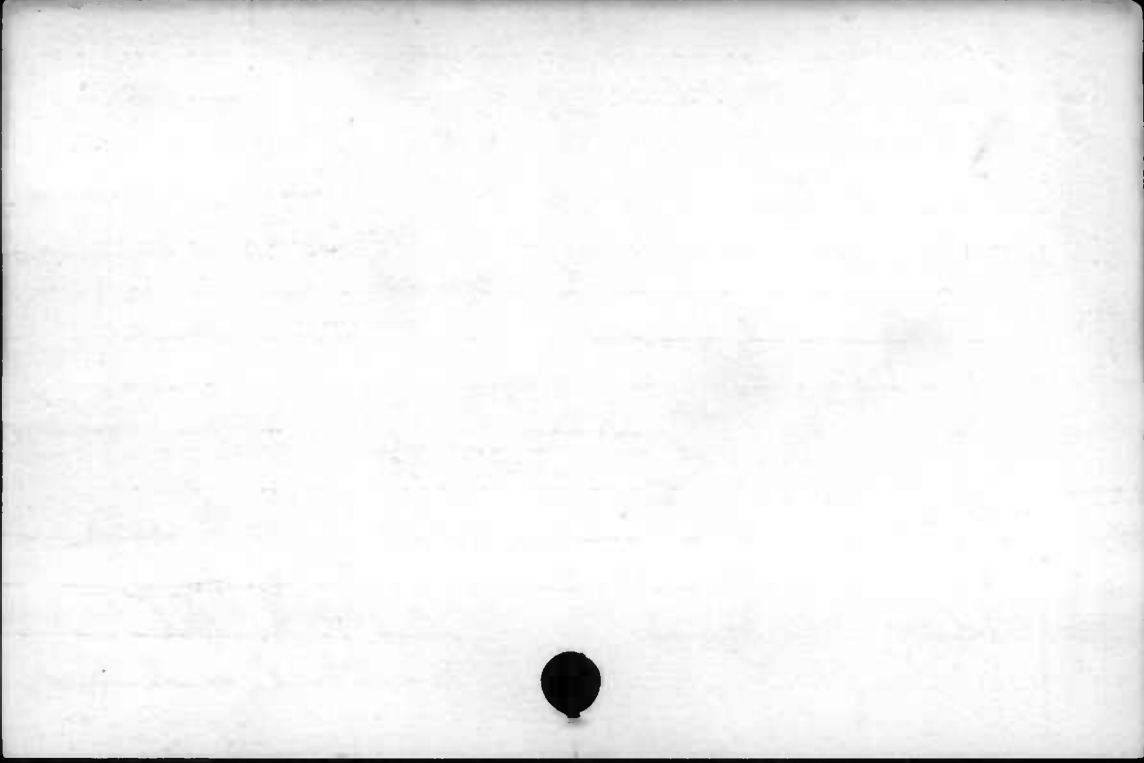
Signature of Physician

*Theo A Horvath*

Address

*North East**Md*

Accident or Suicide?



Name  
in  
Full

Martha M. Conner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cherry Hill	County Lewis		MARYLAND	
Date of death	1906	Month April	Day 17	Years 5-9	Months 3	Days
Sex	Female		Color or Race	White		Birth- place
Occupation	Inmate in Asylum		Where Residing if not at place of death Cherry Hill, Asylum			
Married, Single or Widowed	Married		Name of Wife or Husband	George W. Conner.		
Father's Name	Lewis Todd.				Father's Birthplace	Ind.
Mother's Maiden Name	Nigelia Todd.				Mother's Birthplace	Ind.
Name of person giving Information	Geo. W. Conner				How related to deceased	Husband.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Degeneration of Myocardium		How long	Do not know
Immediate	Heart-failure		How long	1 day.
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		Chas H Miller		
Address		North East, Ind.		
Accident or Suicide?				

641



Name  
in  
Full

General A. Waller Evans

## CERTIFICATE OF DEATH

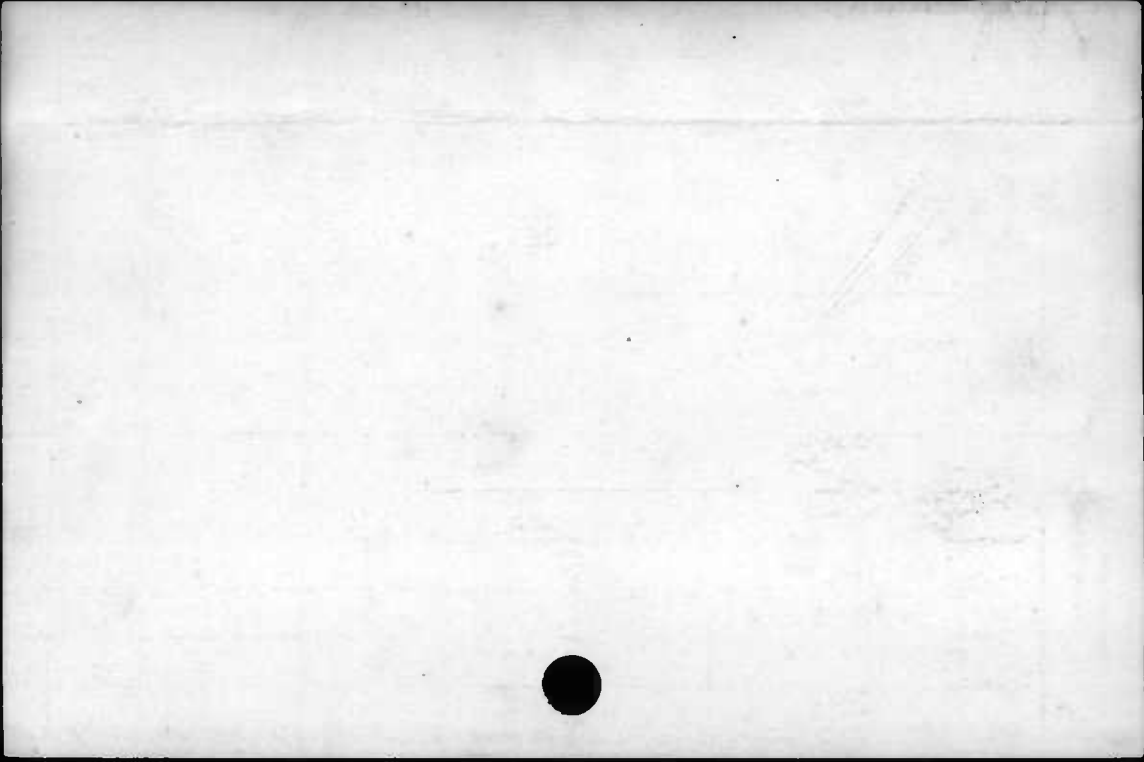
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		April	24	77			
Sex	Male		Color or Race	White		Birthplace	Elkton
Occupation	Soldier			Where Residing if not at place of death			
Married, Single or Widowed	Single		Married, Wife or Husband	Susan Pritte			
Father's Name	Amos Evans					Father's Birthplace	
Mother's Maiden Name	Mary Bliss					Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

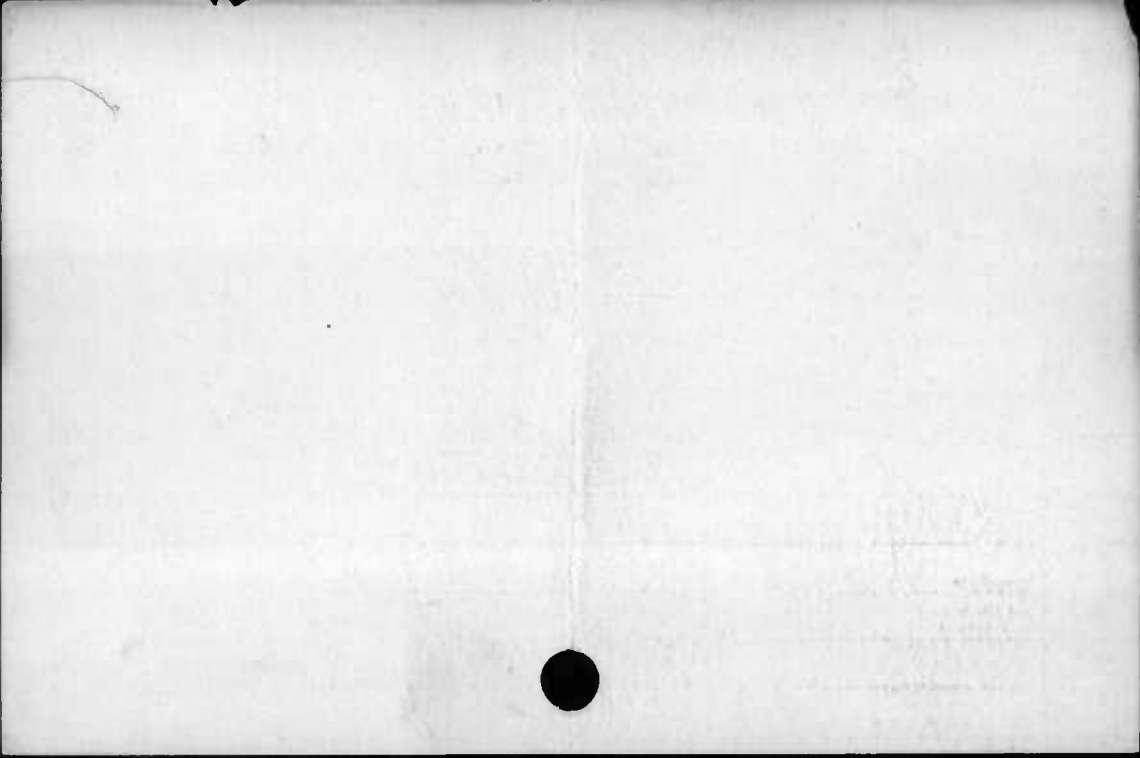
PHYSICIAN  
OR CORONER

Primary	Cystitis with secondary Complications		How long	2 or 3 years
Immediate	Haematuria		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address	
	Jno W. Hansen		Elkton Maryland	
Accident or Suicide?				





Name in Full		Robert - Ferguson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rowlands Hill		County		Maryland	
	Date of death	1906	Apr	Day	15	Age	89
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Carpenter & Team		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Ferguson				Father's Birthplace	
	Mother's Maiden Name	Hannah Brisket				Mother's Birthplace	
Name of person giving information	Rebecca W Reynolds				How related to deceased		None
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Fibroid Phthisis				How long	For 4 years
	Immediate	Exhaustion				How long	3 mo.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Ernest Rowland		
				Address			
				Liberty Grove, Ga.			
Accident or Suicide?							



Name in Full

Certificate of Death

Emily Freeman

Town

County

Died at

Elkton

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

4 7

Age

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Apoplexy

(64)

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. Arthur Mitchell M.D.  
Elkton Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Adaline Fatty.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Elk Neck Town Cecil County

Date of death 1906 April 21<sup>st</sup> Age 38 Months Days

Sex female Color or Race white Birth-place Elk Neck

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name James Black Father's Birthplace Elk Neck

Mother's Maiden Name Rebecca Croucher Mother's Birthplace Elk Neck

Name of person giving information Rebecca Black. How related to deceased Mother

## CAUSES OF DEATH

Primary Aortic Stenosis 19 How long 2 yrs

Immediate Cardiac Failure How long 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Geo S. Pittman North East 3rd

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Warren Rhinehart Grosh  
 Died at <sup>Town</sup> *Bacon Hill* <sup>County</sup> *Cecil*

Date of death *1906* <sup>Month</sup> *April* <sup>Day</sup> *9* <sup>Years</sup> *71* <sup>Months</sup> *3* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Utica N.Y.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name *Aaron B. Grosh*

Father's Birthplace *East Hempfield Pa.*

Mother's Maiden Name *Hannah Rhinehart*

Mother's Birthplace *Conventry Pa.*

Name of person giving information *Archie Malvina Grosh*

How related to deceased *Daughter*

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Chesapeake City</i>		Town <i>Harrington</i>		County <i>Cecil</i>	
Date of death <i>1906</i>		Month <i>Sept</i>	Day <i>20th</i>	Age <i>Infant</i>	Years <i>0</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Chesapeake City</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Harrington</i>			
Father's Name <i>Clarence Harrington</i>		Father's Birthplace <i>Chesapeake City</i>			
Mother's Maiden Name <i>May Harrington</i>		Mother's Birthplace <i>Chesapeake City</i>			
Name of person giving information <i>J. J. Conroy</i>		How related to deceased			

## CAUSES OF DEATH

Primary

*Asphyxiation**(179)*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*J. J. Conroy M.D.*  
*Chesapeake City*  
*md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

In  
Full

Mary E. Hoffman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North East</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906 April 15th</i>		Age <i>49</i>		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lancaster Co.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>David Alexander</i>		Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>Lucinda McCune</i>		Mother's Birthplace <i>Lanc. Co.</i>			
Name of person giving information <i>Ada D. Ballinger</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

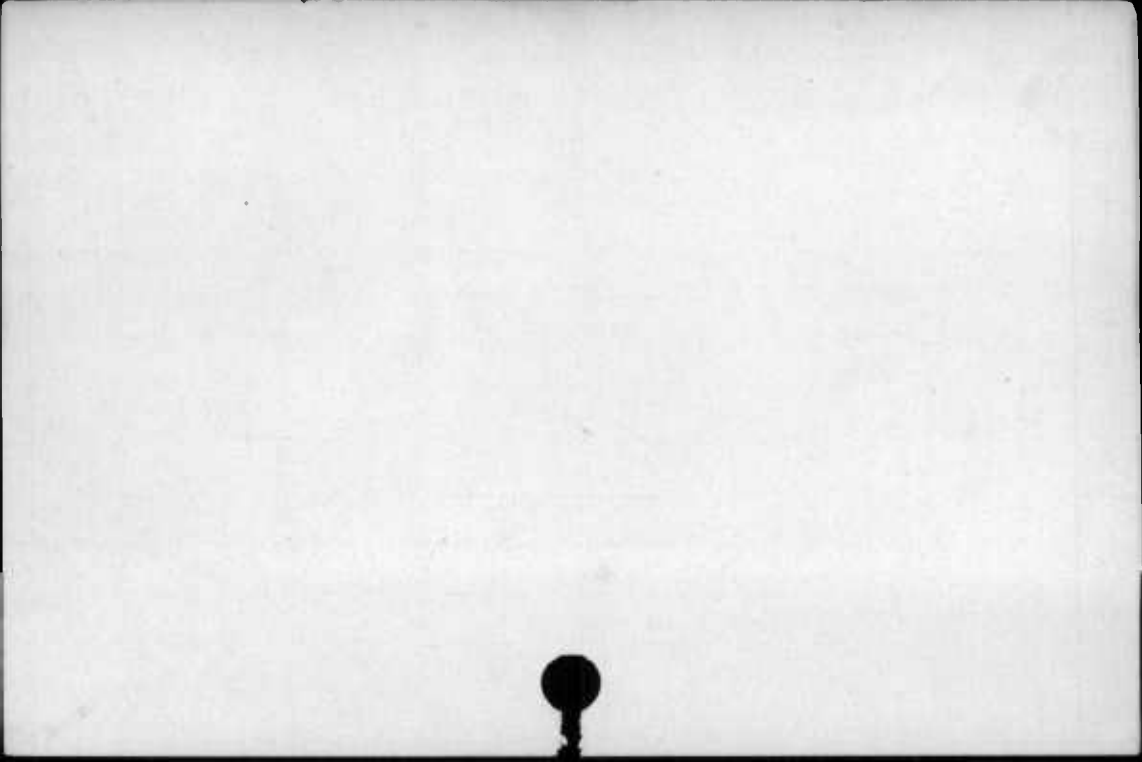
Primary <i>Cancer Uterus</i>	How long <i>2 years</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Accident or Suicide?*



Name  
in  
Full

John Thayer

## CERTIFICATE OF DEATH

Died at *Chesapeake City* TownCounty *Cecil*

MARYLAND

Date  
of death *1906*Month  
*4*Day  
*25*Age  
*85*Months  
*1*Days  
*—*Sex *male*Color or  
Race*White*Birth-  
place*Glasgow Del*

Occupation

*Laborer*Where Residing if not  
at place of death*Chesapeake City*Married, *S*  
or *Widowed*Name of Wife or  
Husband*Anna M Thayer*Father's  
Name*Owen Thayer*Father's  
Birthplace*Don't Know*Mother's  
Maiden Name*Don't Know*Mother's  
Birthplace*Don't Know*Name of person giving  
Information*Cathryn R Lockers*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Arterio Sclerosis*

How long

*5 years*

Immediate

*Exhaustion*

How long

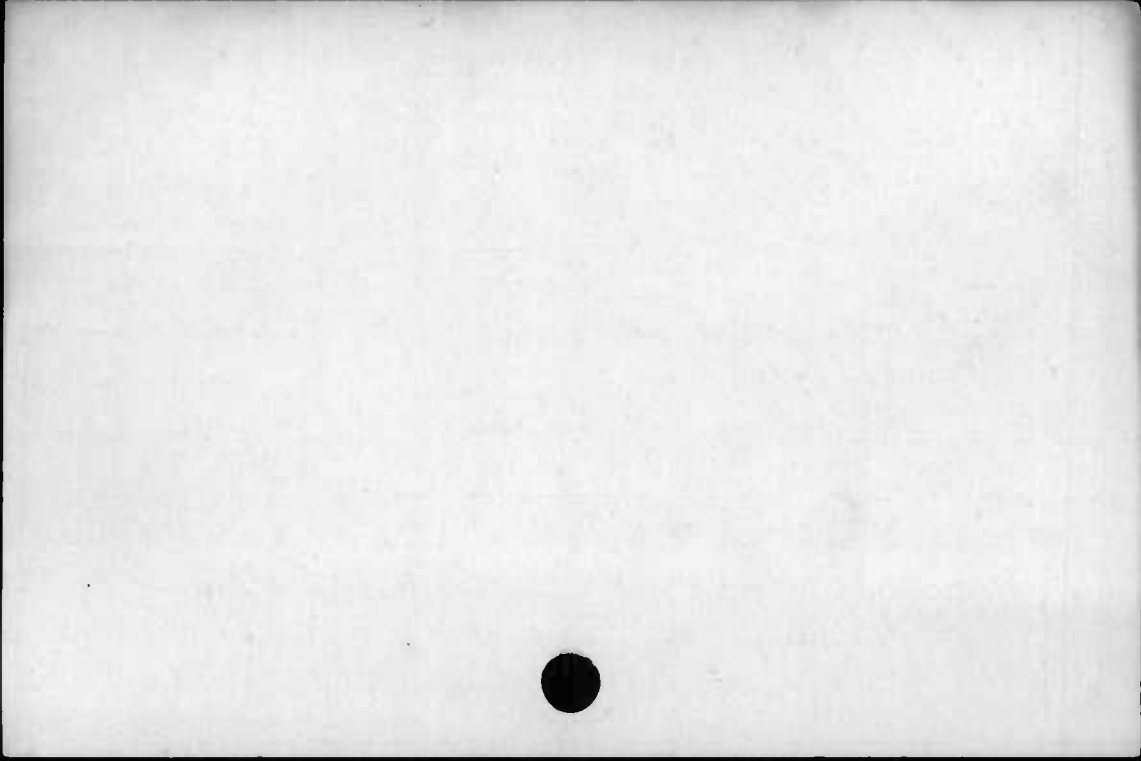
*2*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*W C Karsner M.D.*

Address

*Chesapeake City, Md*

Accident or Suicide?

*X*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

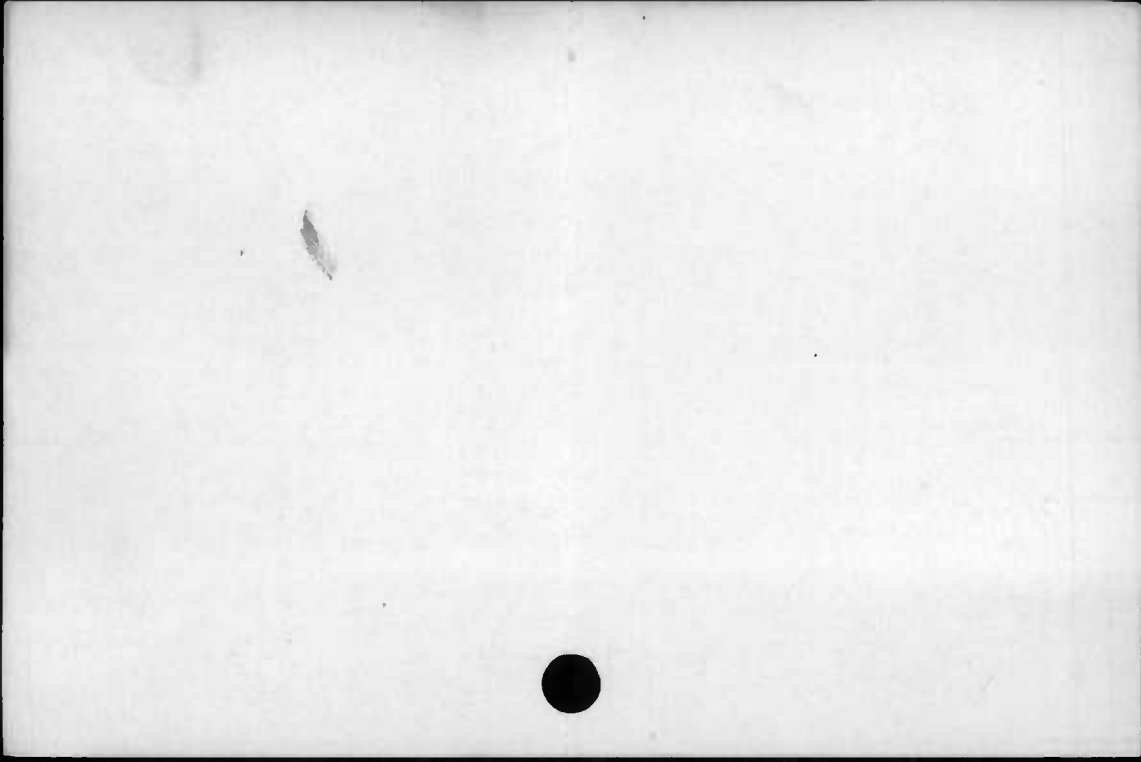
## CERTIFICATE OF DEATH

Died at <i>Near Cecilton</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>9</i>	Age <i>Years</i>	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co. Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>James D. Foller</i>			Father's Birthplace <i>Cecil Co. Md.</i>		
Mother's Maiden Name <i>Mary E. Craig</i>			Mother's Birthplace <i>Cecil Co. Md.</i>		
Name of parson giving information <i>James D. Foller</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>was six and half months</i>	How long
Immediate <i>child - Two &amp; half months before birth</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Crawford</i>
	Address <i>Cecilton Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Mary Toller*  
Town *Cecil*County *Cecil*Date  
of death *1906*Month  
*4*Day  
*14*Age  
Years

Months

Days  
*12*Sex *Female*Color or  
Race *White*Birth-  
place *Cecil Co, Md-*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*James D. Toller*Father's  
Birthplace*Cecil Co, Md-*Mother's  
Maiden Name*Mary E. Craig*Mother's  
Birthplace*Cecil Co, Md-*Name of person giving  
In formation*James D. Toller*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Three children were*

How long

Immediate

*Six and a half months children - 2 yrs + 1 half*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*E. N. Crawford*

Address

*Cecilton Md*

Accident or Suicide?



Name  
in  
Full

Emily A McCommons.

## CERTIFICATE OF DEATH

Died at <i>Providence</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>18</i> <small>Years</small>	<i>18</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Providence</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Lauren McCommons</i>			Father's Birthplace <i>Providence Ind.</i>		
Mother's Maiden Name <i>Sue A Carr</i>			Mother's Birthplace <i>Conowingo Md</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Spinal Bifida</i>	How long	<i>18 days</i>
	Immediate	<i>Exhaustion</i>	How long	<i>.. ..</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Jarvis A Whittier</i>	
			Address <i>Lewisville Pa</i>	
Accident or Suicide?				

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eed</i> Town <i>Eed</i> County <i>Cecil</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Apr</i>	Day <i>3</i>	Age <i>21</i> Years <i>Months</i> <i>Days</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Eed Eed</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>John B. Mader</i>	Father's Birthplace <i>Cecil</i>		
Mother's Maiden Name <i>Lillie Styant</i>	Mother's Birthplace <i>Cecil</i>		
Name of person giving information <i>John</i>	How related to deceased		

## CAUSES OF DEATH

Primary <i>Calculus</i>	How long <i>179</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

John B. Parker

Name  
in  
Full

## CERTIFICATE OF DEATH

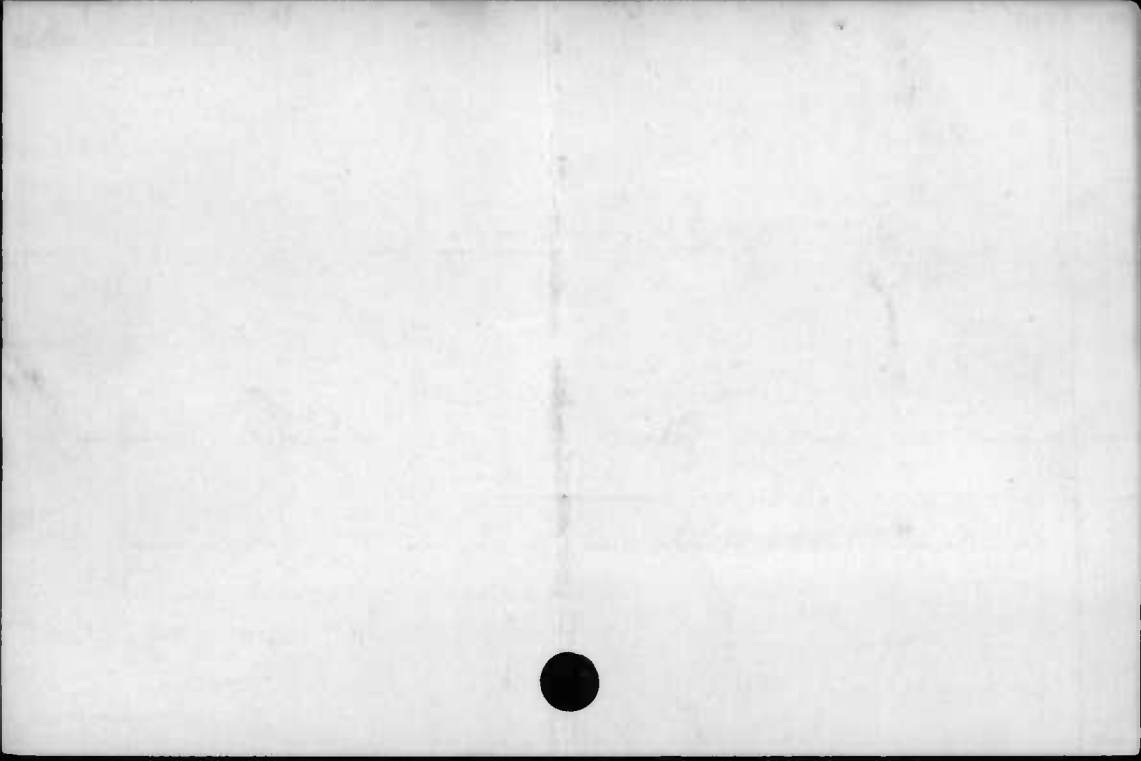
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Earleville</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>10</i>	Years <i>20</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co., Md.</i>		
Occupation			Where Residing if not at place of death		
<del>Married</del> Single or <del>Widowed</del>			Name of Wife or Husband		
Father's Name <i>John C. Oldham</i>			Father's Birthplace <i>Cecil Co., Md.</i>		
Mother's Maiden Name <i>Ida Brown</i>			Mother's Birthplace <i>Cecil Co., Md.</i>		
Name of person giving information <i>John C. Oldham</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>24 days</i>
Immediate <i>Haemorrhage from Bowel</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Black</i>
	Address <i>Cecilton</i>
Accident or Suicide?	









Name  
in  
Full

Balea Coleman Samuels

CERTIFICATE OF DEATH

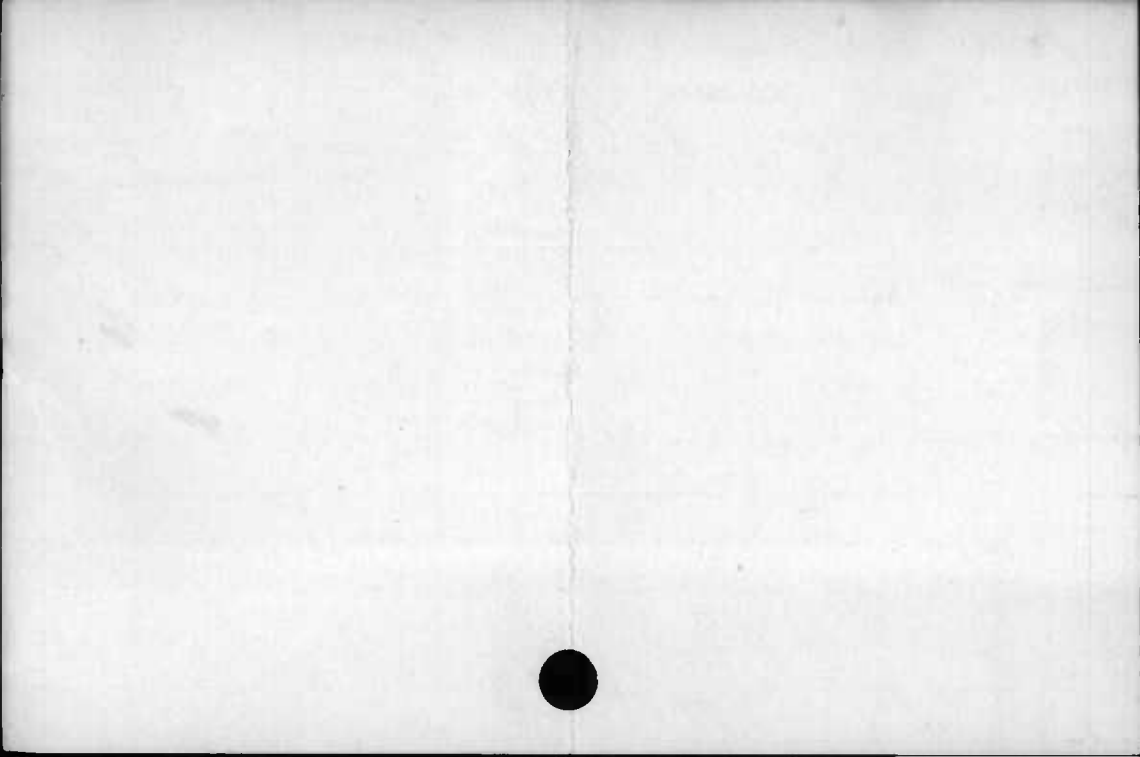
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Apr	11	1	—	2	—
Sex	Female		Color or Race	Color		Birth-place	Elk Neck
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			James Samuels			Father's Birthplace	
Mother's Maiden Name			Lizzie Saunders			Mother's Birthplace	
Name of person giving information			James Samuels			How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	—
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. D. Cawley
		Address	Elk Neck, Md.
Accident or Suicida?			



Name in Full

Certificate of Death

Miss Lavina Scott (Colored)

7th St

Died at Rowlandville

Town

County Cecil

County

MARYLAND

Date 1906 Apr. 30

Month Day

Age 17 1/2 years

Y. M. D.

Native of

Occupation

Servant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living one

Husband of "No husband"

Wife

Father's Name Daniel Scott

Mother's

Maiden Name

Georganna Carter

Cause of Primary Acute Lobar Pneumonia

How long sick

9 day's

Death Immediate Exhaustion

Accident, Suicide, Homicide

(93)

Reported by Ernest Rowland

Address

Liberty Grob Rd,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name  
in  
Full

*Perry Sylvanus Shaffer*

*8th Dist*

CERTIFICATE OF DEATH

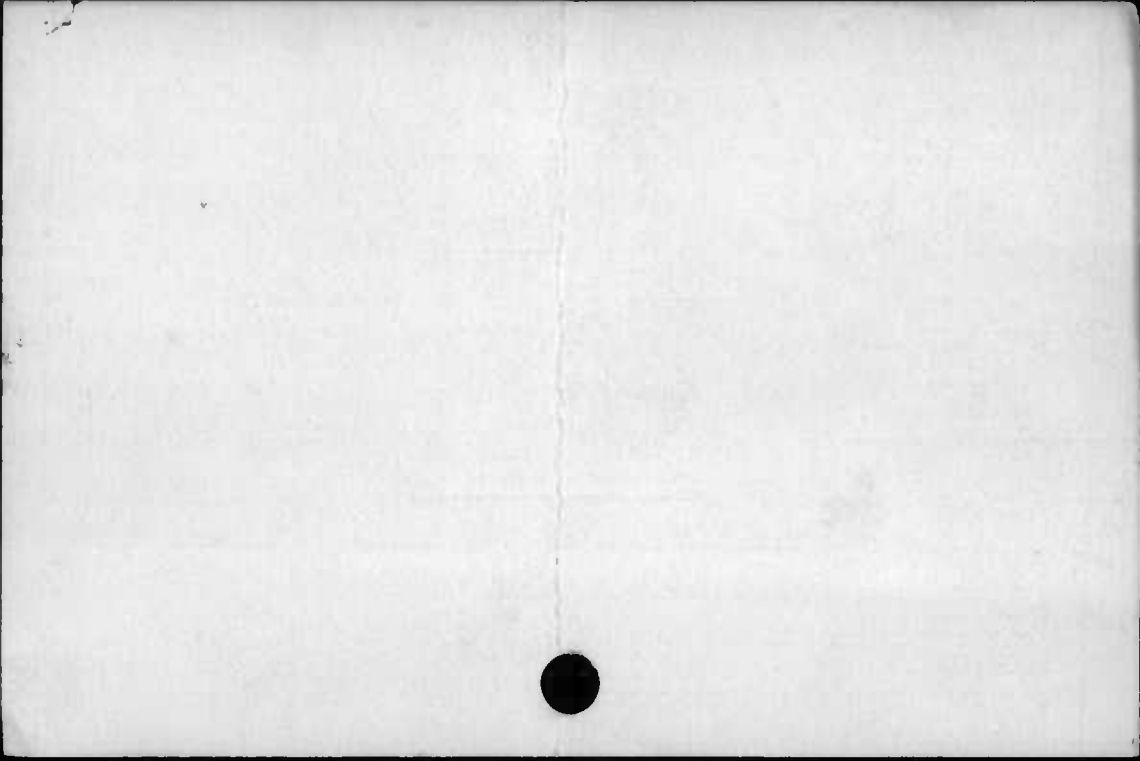
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rowlandville</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Apr</i>	Day <i>1</i>	Age <i>56</i> Years	Months <i>—</i> Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Aurora W. Va.</i>		
Occupation <i>Late Agent</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marta Elizabeth</i>				
Father's Name <i>George N. Shaffer</i>	Father's Birthplace <i>Brookside W. Va.</i>				
Mother's Maiden Name <i>Hannie Gorman</i>	Mother's Birthplace <i>Aurora W. Va.</i>				
Name of person giving information <i>A. L. Porter</i>	How related to deceased <i>Brother in Law</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis, (Cerebral Hemorrhage)</i>	How long
Immediate <i>Exhaustion</i>	How long <i>4 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Grove</i>
Accident or Suicide? <i>Consuetation</i>	<i>with Dr Shump. 3/31/06. 5 P.M.</i>





Name  
in  
Full

Joshua Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Rowlandville Town

Cecil County

Date of death 1906 Apr

Day

19

Age

Years

73

Months

Days

Sex

male

Color or  
Race

white

(American)

Birth-  
place

8 dist. Cecil Co. Md

Occupation

always farmed

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widower

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Acute Lobar Pneumonia

How long

48 hrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

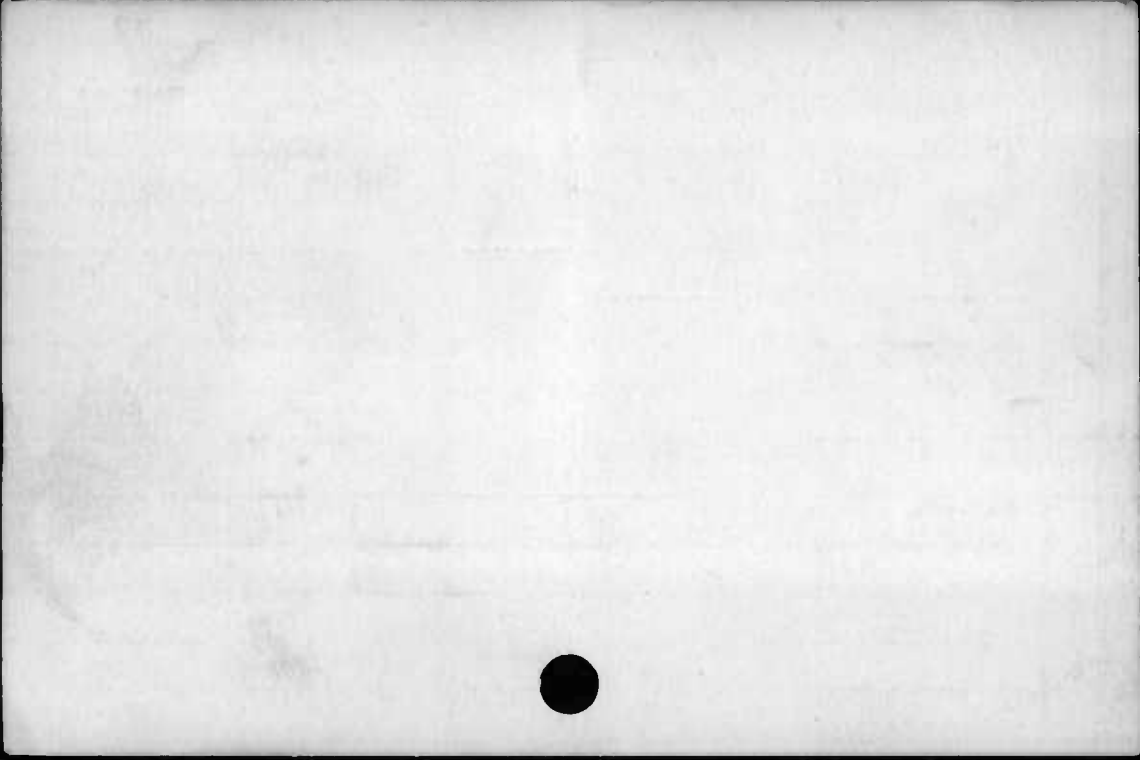
Signature of  
Physician

Ernest Rowland

Address

Liberty Grove Md

Accident or Suicide?



Name in Full *James H. Paetz Wooten*

CERTIFICATE OF DEATH

MARYLAND

Died at *Chesapeake City and Cecil* Town County

Date of death *1906* Month *April* Day *6th* Age *65* Years Months Days

Sex *male* Color or Race *white* Birth-place

Occupation *laborer* Where Residing if not at place of death *Chesapeake City and*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *cardiac and gastric ulcer* How long *Three years*

Immediate *cardiac Insufficiency* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Conroy and*

Address *Chesapeake City and*

Accident or Suicide?



Name  
in  
Full

Addie Weir


## CERTIFICATE OF DEATH

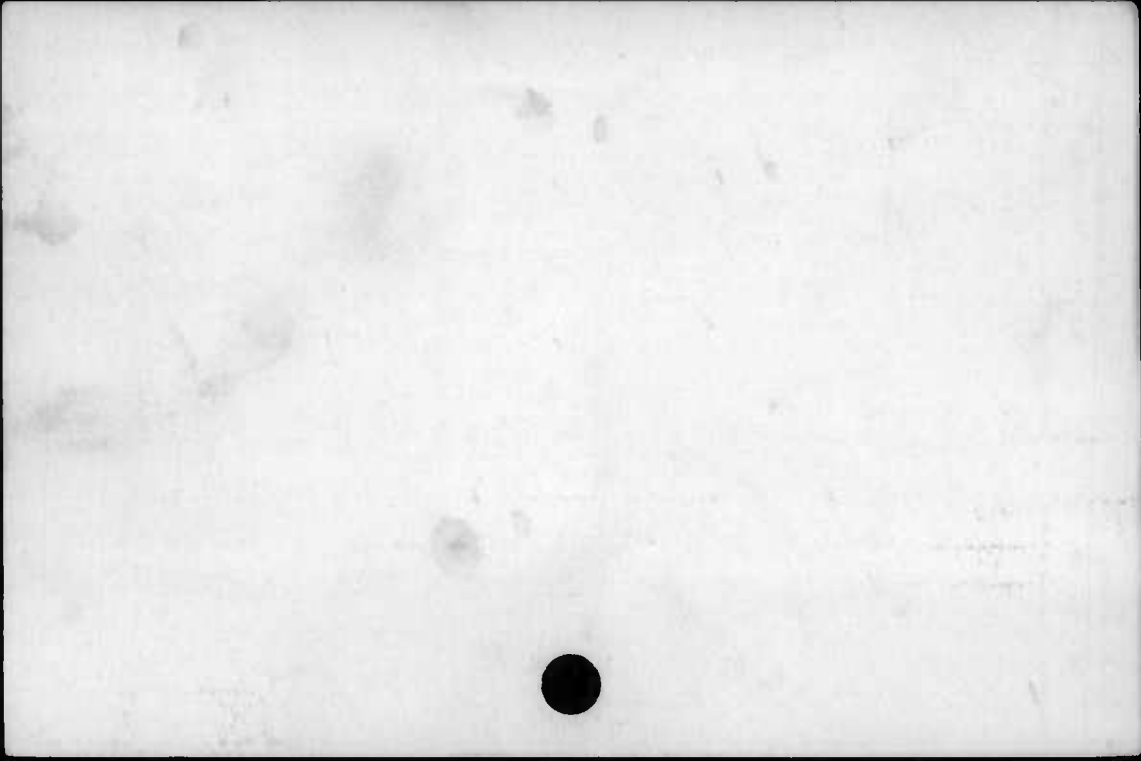
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Deposit</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1906 April 25</i>		Age <i>58</i>		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Matthew Weir</i>	Father's Birthplace <i>Cecil Co</i>				
Mother's Maiden Name <i>Mary Murphy</i>	Mother's Birthplace " "				
Name of person giving information <i>Orastus Butler</i>	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Principal <i>Phlebotomy of blood</i> 	How long <i>5 days</i>
Immediate <i>No</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>No</i>	Signature of Physician <i>S. H. Foster</i>
	Address <i>Port Deposit, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

William Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Principio Furnace		County Cecil		MARYLAND	
Date of death		1906	Month April	Day 30	Age 5-2	Years	Months Days
Sex Male		Color or Race Colored		Birth- place Del			
Occupation Coachman		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Emily Wilson					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation		Emily Wilson				How related to deceased Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis -	How long	64	64	1 month
Immediate	Cerebral Hemorrhage	How long			
Are the name, age, sex, color, date and place correctly given above?		1/20			
Signature of Physician		Dr. M. L. Lundy			
Address		Perryville, Md.			
Accident or Suicide?					

